

SECTION A		CARRIER IDENTIFICATION	
Date:	Company Code: HW000_____		
Company Name:			
Mailing Address:			
Email Address:			
Phone Number:	()		

SECTION C		MONTHLY CONTRIBUTION	
7. Divide line 6 by 12			
<p>Line 7 is your first monthly contribution to the TRS Fund, for the period beginning July 1st of the current year to June 30th of the following year. Send your 1st monthly remittance with a copy of this worksheet to the address listed below. Please pay the amount on line 7 by July 26th. Solix Inc. will then send you a bill for the remaining eleven monthly payments.</p>			

<p>Questions??? Hawaii TRS Administrator Solix Inc. 100 S. Jefferson Road, P.O. Box 902 Whippany, NJ 07981 Phone (973) 581-7693 Fax (973) 599-6504</p>	<p>Make checks payable to “Hawaii TRS” and send with worksheet to: Attn: Hawaii TRS Administrator Solix Inc. 100 S. Jefferson Road, P.O. Box 902 Whippany, NJ 07981</p>
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Company Name: _____ Company Code: HW000 _____

SECTION E DETAILS CONCERNING REVENUE ADJUSTMENT(S)	
If revenue adjustment(s) are not explained here, amounts deducted may be disallowed and proposed assessments may be prepared against you.	
Describe amounts deducted from Gross Revenues to obtain Gross Intrastate Retail Revenues (list):	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL	